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Reply to the Strictures of Dr. T. A. Reamy on a paper published in the American Journal of Medical Sciences, April 1866; entitled

"CHLOROFORM AND ERGOT IN OBSTETRIC PRACTICE."

By CHAS. C. HILDRETH, M. D.,
Of Zanesville, Ohio.

No medical man should object to fair and honest criticism of his papers. By the attrition of mind against mind, like flint against steel, we often strike the intellectual fire which illuminates some dark and hidden mystery of our science. By honest criticism, the ingenious and seductive fallacies of the profession are exposed, and its sterling truths elicited and confirmed. The criticism of Dr. REAMY gives me the opportunity of more fully explaining the rationale of the practice which he condemns. For this, I am thankful.

Probably to harmonize more fully with the points of criticism, the Doctor in the first place takes the unwarrantable liberty of changing the title of my paper from "chloroform and ergot in obstetric practice," to "Rupture of the membranes, artificial dilatation of the os, and the use of ergot and chloroform, as a means of shortening tedious labor." He thus places chloroform *last*, instead of *first*, in point of efficiency as an agent in tedious labor. This doctrine is not advocated in the paper. But to the defence. As to early rupture of the membranes, Dr. REAMY admits it would be well to adopt the practice, in certain cases where over distention really existed; as in cases where the uterine walls were thin and weak from the presence of several children, etc." But says Dr. REAMY, "Dr. H. makes no such distinction. He advises rupture of the membranes simply because there is an undilatable os, accompanied by too feeble or painful contractions." Now to show the fairness of this criticism, and the anxiety of Dr. REAMY to exclude the influence of chloroform in the treatment proposed, I have only to state, that up to the time the sen-

tence was written from which the Doctor quotes, I had not even mentioned the subject of rupturing membranes. I was writing of chloroform alone. The sentence of which the Doctor quotes, a part, reads thus: "But the chief value of chloroform is in tedious, lingering labor, arising from rigid undilatable os uteri, and accompanied by too feeble or excessively painful contractions. Under its influence, the rigid os becomes soft and pliant, the mucous follicles of the uterus and vagina pour out their secretions in abundance; and labor progresses rapidly." Now says Doctor REAMY, "if these results follow the administration of chloroform, rupturing the membranes must be simply to remove feeble or painful contractions, for it would certainly be meddlesome midwifery, to interpose mechanical interference, in a case when the therapeutic results are so grand." In reply to this stricture I will observe, that it will take something more than the Doctor's sarcastic allusion to the "grand results" to convince intelligent medical men that the virtues of chloroform have not been honestly and correctly stated as applied to such cases. As to his "mechanical interference" with the labor by rupture of the membranes, I will reply, that what is lost in the dilating power of the bag of waters, is more than gained by the increased energy and efficiency of the uterine contractions, so that the duration of labor, is much diminished by the practice. After quoting a few sentences from my article on the use of ergot, the Doctor says, "This reduces rupture of the membranes therefore, to removal of painful contractions," and goes on to say, "I know of no process of interference which could with greater certainty produce painful contractions." Now it so happens that I have never advised rupture of the membranes to remove painful contractions. This, I proposed to effect by the use of chloroform, which the Doctor so studiously keeps in the background. It is true however, that the discharge of the waters will modify the character of the pains. The inefficient, but excessively painful contractions, which so annoy and exhaust women in a tedious labor, with rigid os uteri, are more effectually controlled by chloroform, and the discharge of the waters, than by any other practice. Through the happy in-

fluence of these two agents, the pains soon become slower, more regular, more expulsive, and efficient. Dr. R. quotes again as follows: "In lingering labor from any cause, I am well convinced the rate of mortality to mother and child, will be much diminished by the use of chloroform; early rupture of the membranes, artificial dilatation of the os when required, and by the use of ergot or other uterine stimulant when the pains are inefficient." "No distinction" says the Doctor, "is made here between lingering in the first or second stages of labor." Certainly not, simply because no distinction is required. The practice is recommended for rigid os uteri in the first stage, or that of dilatation. If we have lingering in the second stage, or after the os uteri is fully opened, most medical men would think the practitioner an ignoramus, if he did not rupture the membranes, and also give ergot, if found necessary to arouse the requisite uterine action.

Now, says Doctor R., "It is conceded by all good authors that very little danger either to mother or child attends a tedious first stage." This doctrine in my opinion is untenable; nor do I believe any good author will sanction it, except in cases of natural labor. Suppose the sole difficulty in any case arose from extreme rigidity of the os. Suppose the patient has been in hard labor for three or four days, or a week, and no progress made in dilatation; as no danger to mother nor child is to be apprehended, according to Doctor R., it would be meddlesome to interfere. "The first stage of labor," says Doctor R., "may continue almost indefinitely, so far as the safety of the child is concerned." This doctrine again is entirely untenable, for the simple reason, that the mother's vitality may be so far exhausted by a tedious first stage, that the child may be lost for the want of expulsive power in the second. Authorities teach us that the mortality of the puerperal state is in close relation to the duration of labor. Pain, whether in the first or second stages of labor is exhausting to the vital energies. Men and women have been known to faint and die of pain. The idea that but little danger can attend a tedious first stage, or that the first stage can be protracted indefinitely, with safety to either mother or child, is simply absurd, and will prove most disastrous in practice. In the language of the paper, "there is a point of endurance of suffering, beyond which nature will succumb, unless relieved." Referring to the first stage of labor, Dr. R. says, but "rupture, and discharge the waters, and we endanger the life of the child, not only by direct pressure of the uterine walls upon it, but by continuing that

pressure during the first and second stages both." The Doctor's objection would amount to something if the pressure he so much fears, was continuous, as that induced by a large dose of ergot. But the pains of natural labor are intermittent, and not continuous, and are besides so completely under the control of chloroform, that if desired, they can for a time be entirely suspended.

Now, if the Doctor had been inclined to treat me fairly, why could he not have said that the rupture of membranes, etc., was advised with the patient well under chloroform, which if properly administered could hardly fail to obviate all danger of excessive uterine action, and of course, all danger to the life of the child from that cause? Again says the Doctor, the practice is very objectionable in cases requiring the operation of turning. "By reducing the space between the mother and child, rendering the uterine contractions more vigorous," we render the operation "not only difficult to the accoucheur, but eminently dangerous to mother and child." The operation of turning is seldom required, except in shoulder presentations, certain malpositions of the head, in cases of ruptured uterus and in puerperal convulsions. In modern times it is almost invariably done under chloroform, which again obviates the too rigorous contractions, and very much facilitates the operation. In presentations of the arm, the membranes will be ruptured very early by the presenting part; in other cases, by early rupture, we gain an exact knowledge of the presenting part, and thus acquire a decided advantage in the management. In the April number of the *American Journal of Medical Sciences*, for 1866, I published a paper commending the position on the knees and breast, in all cases of version, whether podalic or cephalic. As the practice has been tested and commended both in Europe and America since the publication of that article, I am inclined to believe the suggestion a valuable one, in all cases requiring version. The patient on the knees and breast, and well under chloroform, the operation of turning will be found comparatively easy. This position will also in a great measure prevent all further loss of liquor amnii, when it is important to retain it.

The next objection is, that the early rupture of membranes, and discharge of waters, renders the proper management of the cord when prolapsed, almost impossible. "Such a procedure (says the Doctor), would in a case where the funis is prolapsed, cause the death of the child from compression of the cord, in most cases before that accident could be detected, much less

remedied." The value of this objection may be inferred from the fact, that we have prolapse of the funis once in perhaps 500 cases, and that then, the case is usually easily managed, in the position on the knees and breast. But the most amusing part of this objection is, that the child in most cases would die "before the presentation could be detected, much less remedied." That is to say, the practitioner who ruptures the membranes, could not possibly tell funis from foot when the "bag is open," until too late to save the child.

The next objection reads thus: "But to get rid of one of the chief difficulties that would almost inevitably follow, not as a coincidence, but, in my humble opinion, as a consequence of rupturing and evacuating, Dr. H. advises artificial dilatation of the os uteri with the *lubricated finger*, as a safe and much more efficient instrument than the bag of waters." To what difficulties the Doctor refers I know not, for I have found none in the practice, but I do see a difficulty in reconciling with honest criticism his misquotations, and evident attempt to pervert my meaning. Now one would suppose, from reading that sentence, that I had advised rupturing membranes, and evacuating waters, and forcible dilatation in all cases of labor, and that too without the use of chloroform, whereas I have distinctly stated, that in natural labor I would advise no interference; but in cases of tedious, lingering labor, with rigid undilatable os uteri, and accompanied by too feeble or excessively painful contractions, I would first place the patient well under chloroform, then rupture the membranes, and then, if found necessary, artificially dilate. The sentence which the Doctor misquotes, reads thus: "The patient under chloroform, and the waters discharged, if the os uteri does not dilate easily, I have found the occiput of the child, and the well lubricated fingers of the accoucheur, as safe, and much more efficient dilating instruments than the bag of waters." I did not say, as he would wish to make me, that a single finger of the accoucheur was a better dilating instrument than the bag of waters; but I did say, that in the case to which I refer, I had found the occiput of the child, (which I name first as an agent,) and the well lubricated fingers of the accoucheur carefully applied, as safe and much more efficient dilating instruments, (not instrument, as he has quoted me,) than the bag of waters. In my humble opinion, a very different statement. Now it is very singular that the Doctor has not a word to say about the modifying influence which chloroform could not fail to have, over the practice to which he objects. Although I have assigned it

the most prominent place in the treatment, yet he studiously avoids the subject. But to proceed. Referring to artificial dilatation, the Doctor says: "Consider the tender and sensitive structure to be dilated, compare the lubricated finger, (singular number again,) with the soft and conical bag of waters." Very well; but suppose your soft and conical bag of waters, even with the relaxing influence of chloroform superadded, is doing no good in a case of rigid os, what then? Would you sit still, and let the woman suffer hour after hour, and day after day, or would you interfere, and that effectually? Then, says the Doctor, "consider the direction of the force applied, the finger, (singular number again,) drilling its way from without inward, the bag of waters gently wedging its way by imperceptible degrees, from within outward; the head of the child following it up as it prepares the way." "It seems to me," says the Doctor, "the mere tyro in mechanics, without any knowledge whatever of muscular physiology, would settle such a question, and would condemn the artificial dilatation, except as a stern necessity." Just so; we did not advise the practice in natural labor, but to our sorrow, have often found a rigid os uteri, when undilatable, just that case of "stern necessity."

But to return to the first part of the sentence. "The finger drilling its way from without inward," is no doubt a very beautiful simile, but we cannot see the application to the case. In our ignorance we had supposed a drill was a perforating, and not a dilating instrument. How the antagonistic pressure of two or more fingers, or the circular sweep of the same within the inner circumference of the os can be compared to drilling, we must confess ourselves too much of a "tyro in mechanics" to understand. Perhaps, however, to give point to his drill, the Doctor misquotes me in using the term finger instead of fingers, as in the text, and omits all dilating agency by the occiput of the child. But to proceed. In order to utterly demolish my position and practice, the Doctor next calls in as witnesses, Professors CAZEAUX and HODGE, CHURCHILL and TYLER SMITH, to prove that early rupture of membranes is bad practice. As I had already admitted, in as plain terms as I knew how to use, that such is the teaching of the books, it strikes me forcibly that here, at least, has been "a great waste of ammunition." The sentence in my essay, to which I allude, reads thus: "Obstetrical authorities advise us in nearly all cases, to leave the membranes intact, until the os uteri is fully dilated." The authors quoted with so much satisfaction by the Doctor, no doubt refer to gen-

eral principles, and natural labors. But what have these learned gentlemen to say about rupturing membranes, and artificial dilatation when required, in cases of rigid os uteri, with the patient thoroughly under the influence of chloroform? Probably not a word.

Omitting, as usual, all reference to the modifying influence of chloroform over the practice, we have again the "play of HAMLET, with the part of HAMLET left out by particular request." But the defense will now claim the privilege of cross-examining the learned witnesses the Doctor has brought into court. We will ask the Professors named above: Cannot the os uteri, and all other circular muscular fibres, be much more safely, and easily, and quickly dilated, with the patient fully under the influence of chloroform, than without it? Cannot this, too, be done with much less risk of rupture of mucous membrane or muscular fibre, with chloroform, than without it? We would ask, Is it not in accordance with physiological law, that all hollow muscular organs or tissues contract but feebly when distended to their full capacity? (take for instance the bladder, the uterus, the colon, rectum, the sphincter muscles, etc.) We would further ask: Is not the removal of part of the contents of any distended organ usually followed by increased muscular power in that organ? Is not such removal a very valuable stimulus to increased muscular effort? We would further ask: Is there any better agent known to the profession to allay excessive muscular contraction, or excessive uterine pain, than chloroform by inhalation? These questions answered in the affirmative, (as they certainly would be by any sensible professor of obstetrics,) where lies the objection to a practice in accordance with the above laws and principles? But, says Dr. R., "I have tried the practice in three or four instances. In no case has it done well. The labors were rendered more tedious, and in one case the child lost, from the second stage of labor being complicated with the first." At this I am not at all surprised, when I consider the Doctor's favorite method of giving chloroform by the stomach. Had he kept his patient well under the influence of chloroform by *inhalation*, there would have been no danger of the second stage of labor being complicated with the first. In rigid, undilatable os uteri, chloroform should be given for effect, and not as a placebo. It should be given as in a case of strangulated hernia, or a dislocated shoulder, to the extent of inducing relaxation of all resisting muscular fibres or tissues. Given in this way, the accoucheur, instead of being annoyed by excessive uterine action,

will often be compelled to give ergot, to induce the requisite amount of pain. But, says Dr. R., "we have tried the practice, and condemn it;" 1st. "Because it is unnatural," (and so let me add, is the labor, in which we advise the practice;) "substituting artificial for natural and efficient forces;" (not efficient, if you please, or no interference would be required.) "Making labor a pathological instead of a physiological phenomenon." Just so; a rigid os uteri is, usually, in a pathological and not a physiological condition, generally the result of previous inflammation, ulceration, leucorrhœa, abortion, etc., etc.

2d. Says Dr. R., "It is meddlesome and officious interference." To which we reply, in the language of the essay: If "meddlesome midwifery is bad" in perfectly natural labor, the "trust to nature" practice is much worse in cases requiring obstetrical assistance. The statistics of lying-in hospitals show a fearful rate of mortality, to both mother and child, when the duration of labor exceeds, by a certain number of hours, the natural period.

3d. Says the Doctor, "It endangers the life of the child by inordinate and early compression of the cord, placenta, and child, and by rendering proper management of a prolapsed cord difficult, if not impossible." Not so with the patient well under chloroform, and in the proper position.

4th. Says the Doctor, "It endangers the life of the mother and child, by rendering corrections of slight malpositions more difficult, and turning, when demanded, next to impossible, in many cases." Not so. Malpositions are more readily discovered, and turning easily accomplished under chloroform, and in the position on the knees and breast.

5. "It injures the mother by the inflammation that may be induced of the cervix and other tissues." Now, if the Doctor has such a horror of inflammation from the use of "well lubricated fingers, carefully applied," what has he to say to MARION SIMS' practice of amputating the entire cervix for procidentia, or cutting the entire length of the cervix for dysmenorrhœa or sterility? What to say of BAKER BROWN's practice of incising the cervix for fibroid tumor and menorrhagia? What has he to say to the use of caustics, of sponges, and sea-tangle tents, retaining foul secretions and producing infecting ulcers? What, to metallic dilators, and the force with which they are used? What has he to say to cutting the cervix with a knife, during labor, in cases of cartilaginous hardness and rigidity, when all other means fail to dilate? As all these gentle measures have been advised, in certain cases,

by the highest obstetrical authorities, I would inquire how they compare, in point of mildness and safety, with the "well-lubricated fingers carefully applied" to a rigid os uteri?

But why does not the Doctor "practice what he preaches." In the very first case reported in his essay, (a case of abortion,) he informs us that he dilated the os uteri with the finger. As abortions give rise to more uterine disease than labors at term, a very dangerous practice, according to his teaching.

Whatever the books may say on this subject, it will not be difficult to prove, that it is the custom of the most skilful accoucheurs, to dilate with "well-lubricated fingers," all cases of rigid os uteri, when other means fail, and the urgency of the case demands it. The hydrostatic bag or BARNES' elastic dilators are no doubt better instruments than well-lubricated fingers, but unfortunately, they cannot be employed, except the uterus is at rest. During active labor, they cannot be retained in position, and hence are useless. The Doctor, having now disposed of my paper, next proceeds to detail the *proper practice* in lingering labor.

"In tedious labor," says Dr. R., "the best practice is to give a full dose of opium or morphia, or chloroform by the mouth, or bleed freely, or use all of these means, as the case may require. After a few hours' sleep, the pains go on naturally, and labor progresses favorably. Should this result not be attained, however, I would separate the membranes to as great an extent as possible."

Now, let us examine this practice, and compare its efficiency with that which the Doctor so heartily condemns. In the first place opium will not, in many cases, arrest uterine action when once actively excited. This fact we have all learned to our sorrow, when we wished to suspend all pain in cases requiring manual or instrumental interference. Nor will opium induce sleep in such cases. I should expect still less influence from chloroform taken into the stomach. In a case of rigid os uteri, chloroform, to induce relaxation of muscular fibre to the requisite degree, must be given to full anaesthesia. The dose by the stomach, to induce this state, would probably be poisonous and fatal. That chloroform, when taken into the stomach, or injected into the rectum, or under the skin, will have some anaesthetic or relaxing effect, I have no doubt, and the same may be said of alcohol. But the question is, will the *degree of relaxation*, from chloroform, be sufficient for our purposes, if administered by any other method

than by inhalation, and at the same time as safe as that method? We think not. We should expect about as much influence from chloroform by the stomach, in rigid os, as a surgeon would expect from the same method of administration, in a case of strangulated hernia, and no more. Chloroform by the stomach is much more apt to act as an emetic than when inhaled, and may also produce gastric irritation and inflammation. As the method by inhalation has decidedly the advantage, in point of efficiency; as the degree of anaesthesia can thus be regulated with greater ease; thus placing it more under the control of the physician, I cannot see the advantage of giving it by the stomach in obstetric practice.

Next in order comes the "free bleeding" to relax the rigid os. When we consider the disastrous effect of large losses of blood upon the future health of the woman, and when we know that we gain nothing by the practice, which chloroform will not accomplish, it will not take the profession long to decide in favor of chloroform by inhalation. I will admit, occasionally, a case of plethora, with a tendency to convulsions, in which bleeding should certainly be practised. This is the exception, not the rule.

"After a few hours' sleep," says the Doctor, "the pains go on naturally, and labor progresses favorably." But suppose opium and chloroform by the mouth do not induce sleep, nor suspend the pains, can the doctor tell us of any quicker or better method of attaining these results, than by the *inhalation of chloroform*?

By this method, we not only put the patient to sleep at will, but we relax muscular rigidity; we relieve shock to the nervous system, and in every way rest and refresh the patient. But if opium and chloroform by the stomach, and bleeding fail to relax, what then? "Why then," says the Doctor, "I would *separate* the membranes to as great an extent as possible."

This practice of separating the membranes from the cervix is advised by DR. INGLIS, in the *Edinburgh Journal*, July, 1865. "And," says Dr. R., "is a very valuable means of promoting dilation, and of increasing the efficiency of pains in tedious labors." I have never read DR. INGLIS's paper on this subject, but must confess an utter want of faith, both in the theory and the practice. And for the simple reason, that not in one case in fifty will any adhesion be found to exist between the membranes and cervix at the full term of gestation. The membranes, although originally secreted by the uterus, are distinctly an appendage of the placenta, to which they are firmly attached. They float loosely in the uterine

cavity. In the earliest months, their attachment to the uterus is very slight. This becomes less and less, as gestation proceeds, until at term (as a general law) no attachment will be found, at least to the cervix, and but very little elsewhere.

The uterus is lined by a mucous membrane; the bag of waters is more like a serous membrane. Mucous and serous membranes are not disposed to unite, except from disease. The membranes containing the liquor amnii do not even touch the whole canal of the cervix until near the completion of the gestation. How then can union take place between the parts. The attachment of the placenta to the uterine walls is usually very slight, (no bloodvessels or nerves being found in the bond of union,) and yet this attachment is strongly marked, compared with that between the uterus and membranes, even in the earliest months.

But admitting (for the sake of argument) the existence of such an attachment, how could the presence of so elastic a body as the bag of waters prevent dilatation, or how could its separation from the cervix promote that object? In no way that I can conceive, except by allowing more freedom of motion, and thus perhaps admitting the bag a little more fully into the cervix; a very small advantage certainly, in a case of rigid os uteri. And yet this is the Doctor's strong point, his last resort in a case of tedious labor.

For, says the Doctor, "should this result (that is the dilatation) not be attained, I would separate the membranes to as great an extent as possible." He should have added, when any adhesions are found to separate. Personally, I must confess an entire want of faith in the practice. During the last thirty-three years I have had my fingers within the cervix in some thousands of cases, and have got to find the first case of adhesion that could in the slightest degree interfere with the progress of labor; except in cases of placenta prævia. The more I reflect upon the practice advocated by the paper, which Doctor R. handles so roughly, the better am I satisfied with its safety and efficiency. The practice is in accordance with physiological law. It is founded upon the fact, that any circular muscle, can be much more safely, and easily, and quickly, dilated under full anaesthesia by chloroform, than without it. That rupture of membranes and discharge of waters, adds very much to the efficiency of uterine contractions. That excessive uterine action is more under the control of chloroform than any other agent. That chloroform and ergot are antagonistic powers. That by the skillful use of these two agents, we can regulate in a

marked degree, the force and frequency of uterine action. The practice is correct, and will be followed by better men, when the parties to this contest are dead and forgotten.

GLYCERINE.

BY JOSEPH ADOLPHUS, M. D.,

Of Hastings, Mich.

In writing this article, I am aware that but few are ready to receive the facts herein stated, inasmuch as glycerine has merely been regarded as a matter of but secondary import. It must not be considered out of place when I observe, that glycerine stands next to cod oil as a restorative agent, especially in the cases of children's complaints. What cod oil is to the adult, glycerine is to children; at least, in a great measure. The clinical facts below recorded are from my own practice. I am altogether strongly inclined to the restorative doctrine, because I have reaped the richest harvest of curative success for practicing it. Furthermore, I am not a firm believer in the doctrine, that the blood is the chief and only source of nutrition, repair, and reconstruction. However, I shall not digress further from my subject, but shall, at some future period, disclose my views on the latter subject.

Though glycerine has been before the profession for many years, I am not aware that that attention has been paid to this important remedial agent that its merits deserve.

Its excipient properties excel all other known solvents, because of its universality. Thus 100 parts of glycerine will dissolve

Acidum arsenicum,	.	20.0
" arseniosum,	.	20.0
" boracie,	.	10.0
" benzoic,	.	10.0
" tartaric,	.	30.0
" citric,	.	30.0
" tannic,	.	50.0
" oxalic,	.	15.0
Argentum nitrat,	.	100.0
Bromine,	.	100.0
Iodide of iron,	.	100.0
Chloride of iron,	.	100.0
Monosulph. potass.,	.	100.0
Hydrarg. biniodide,	.	0.3
" bi-chlor.,	.	7.0
" cyanid.,	.	27.0
Iodine,	.	1.0
Iodide sulph.,	.	1.6
" potass.,	.	25.0
" zinc,	.	50.0
Cyanide potass.,	.	32.0
Quinia,	.	0.5
Strychnia,	.	0.25
Morphia,	.	0.45
Veratria,	.	1.0
Cinchonia,	.	1.5
Sulph. quinia,	.	2.75

Atropia,	3.0
Nitrate strychnia,	4.0
Brucia,	2.25
Alum,	40.0
Arsenite soda,	50.0
" potass.,	50.0
Carb. soda,	99.0
Carb. ammon.,	20.0
Chlor. potass.,	3.5
Chloride sodium,	20.0
" barium,	10.0
" zinc,	50.0
Borate soda,	60.0
Phosphorus,	0.3
Persulphuret potass.,	25.0
Muriate ammon.,	20.0
Sulphur,	0.3
Sulphate iron,	25.0
" zinc,	36.0
" copper,	40.0
Mono-sulphuret soda,	100.0
" lime,	100.0
Muriate morphia,	20.0
Acetate "	20.0
Sulphate "	20.0
Sulph. atropia,	33.0
" strychnia,	22.5
Carb. of iron,	60.5
Oxide of lead,	20.0
Salicine,	40.0
Santonine	35.0

All the deliquescent salts and vegetable acids are soluble in it to a great extent.

Chemically, glycerine is a compound of a radical known as *glycerole*, having a formula of $C_6 H_7$, in union with five eqs. of O, and one of water; its formula is, therefore, $C_6 H_7 O_5 + HO$.

When pure, its specific gravity is 1.26, and contains 98 per cent. of anhydrous glycerine. When exposed to the air, it absorbs one-half of its weight in water. It never absorbs oxygen, hence it never becomes rancid, when originally pure. It is not soluble in fatty acids.

When perfectly pure, glycerine is of a thick syrupy consistence, very nearly colorless, and without odor, and of a sharp sweet taste. Alone, it is not susceptible of fermentation. It is soluble in all proportions in water and alcohol, but not in ether or chloroform. Pure glycerine evinces no reaction with litmus or other test-agents.

It is perfectly neutral and bland, and has the capacity of diffusing itself freely over and through organic matter, incorporating itself between organic molecules, by which it is absorbed and appropriated. All organic substances, from the hardest bone to the finest connective tissue, are penetrated by it, with such diffusive force as to make their minute structure astonishingly transparent. The blood and pus globules, when suspended in glycerine, become quite transparent, and show up their nuclei readily, their cell-walls

becoming more thin and transparent, and finally dissolved. Epithelial structure is admirably delineated by its agency; so are the fasciculi of striped muscular fibre. Thin sections of bone, soaked in it, reveal in admirable style its corpuscles. All organic substances, soaked in glycerine, are thoroughly preserved, both as to form, integrity, and softness.

Applied externally to burned surfaces, mixed with subnit. bismuth, it forms the very best application I have ever used for children or adults. One part starch (Bermuda arrowroot is best) and five of glycerine, heated up to 190° F., being constantly stirred, makes the most agreeable basis by which to apply nit. silver and other salts to the eye, ear, and skin. When spread over dried organic membrane, it diffuses itself rapidly over it, and is speedily absorbed into its intimate structure. This property of glycerine depends doubtless on the affinity that it possesses for organic molecules, penetrating to them and becoming a nutrient plasma to living tissue. When applied to false membranes, it diffuses itself between them and the morphological tissue beneath, causing their speedy detachment.

Thus in diphtheria, I have repeatedly applied it with a brush, either alone or with tannin dissolved in it, to the false membranes, which would be detached in a few hours. So also in croup: The surfaces being so modified as, in a great measure to cease to reproduce them. Burnt and blistered surfaces often produce false membranes, which induce severe constitutional symptoms, in consequence of the irritability of the surfaces. Glycerine and morphia speedily remedy them, soothing the nervous irritation, and modifying the vital condition of the parts. Applied to suppurating surfaces which are painful and produce an ichorous pus, glycerine-dressings change the abnormal condition by arresting the degenerating process through its antiseptic and astringent properties. Applied to enlarged glands, and injected into abscesses, it meets every indication, either alone, or with iodine, etc., dissolved in it. I have injected it into syphilitic buboes, bringing about a healthy state of their walls, and healing of their interior. I have used it as an application to the os uteri in ulcerations, indurations, and chronic inflammations of that organ, conjoined with iodine, or iod. potass., or morphia acet., or tannin, just as appearances seemed to require, with most excellent effects. Applied to enlarged cervical glands in scrofulous children, with iodine, it dissipates them far more speedily than when the iodine is otherwise applied. Malignant ulcerations, touched with the following caus-

tic, are better remedied than when otherwise treated.

R. Iodine,

Iod. potass., $\frac{5}{6}$ ss

Glycerine, f. $\frac{5}{6}$ viij. M.

When diluted with a larger portion of glycerine, and applied to carbuncles, buboes, and furuncles, in their formative stages, it will dissipate them altogether or modify them. Painted over abscesses of different types, it either causes the absorption of their contents, or checks in a measure their progress. Injected into the rectum in diarrhoea and dysentery, diluted with starch, it soothes the irritated mucous membrane in a remarkable manner, and will often alone bring about a cure.

But it is its internal usefulness in the treatment of children's diseases of low, cachectic, strumous, asthenic conditions, that glycerine displays its great superiority. I have repeatedly witnessed its capacity to fatten children. Thus: 1st. An infant, six months old, recovering from a severe diarrhoea, kept quite emaciated and pale. Glycerine was ordered for it, and in a few days a change was remarked in its appearance for the better, and in four weeks it weighed eight pounds heavier. 2. A child, sixteen months old, had its head covered with one continuous scab—porrigo. This was a family-complaint, and resisted all manner of treatment for a very long time, in all the other children. In the above case, I resorted to glycerine, both internally and externally. A cure was effected in three months. 3. A girl, seven years old, recovering from rubella, retained her cough, emaciation, and nervous irritability. Dulness over apex of left lung; roughened breathing. No doubt, the case was chronic pneumonia. Glycerine, as a last resort, was ordered in teaspoonful doses in water, three times a day. Recovery in six weeks. 4. A strumous boy, much emaciated, had hacking cough and night-sweats. Pulse frequent. Sleep disturbed. Abdomen tumid and enlarged. Cervical glands swollen. Bowels irregular. Fecal discharges clay-colored. His case was such, that no one expected any more than a partial palliation. After other treatments had failed, I ordered glycerine in teaspoonful doses, in which was dissolved four grains of ferri ammon. cit., and one-half a grain of quinia, four times a day. This he continued for a year, and was in remarkably good health three years after. Cod oil, quinia, and iron, had failed in his case when the glycerine was commenced.

I always administer glycerine to children convalescing from typhus and typhoid fever, and find

it contribute so remarkably to their recovery and restoration, as to be observed by the non-professional. In cholera infantum, I hardly ever fail to use glycerine, both as enemas and per orem. The great mortality of this complaint, makes it well worth the attention of medical men, to any form of treatment that will tend to rob it of its fatality. The peculiar condition of the epithelium of the bowels, the great inanition and prostration, the nervous depression and exhaustion; all depending on the pathological condition of the mucous membrane of the small intestines, engendering an erythematous condition of the epithelial surface, and often resulting in shock to the nervous centers; and hurrying on death at an early period. Glycerine from its affinity for molecular tissue, spreads over the surface of the intestinal membrane, supplies the deranged tissues with a plasmatic element of repair, as well as by its mechanical and endosmotic powers, on living tissue, changes the local life forces, and endows them with renewed vital capacity. This is not fancy. Observe its action on the inflamed skin, and we shall soon be satisfied of the justice of the above remarks. Glycerine rubbed on the abdomen also gives it to the exhausted tissues in another manner. All I ask is its trial in infantile diarrhoeas, with judgment.

It forms an excellent adjunct to cod oil, in proportions of equal quantities. Quinia dissolved in it seems to act more rapidly, kindly, and with greater certainty, often entirely overcoming idiosyncrasies. Thus an infant on whom quinia exercised a very severe effect, could take it dissolved in glycerine with perfect safety. It adds to the efficacy of iron. Thus a boy twelve years old had made a bad recovery from a bilious remittent fever. He was pale and feeble, nervous system irritable; anorexia was a marked symptom. Iron, cod oil, and tonics failed on him. He was then put upon glycerine f. $\frac{5}{6}$ j. and tr. ferri chlor. gtt. viij, three times a day. His recovery was rapid and permanent.

A girl, at 14, was treated for irritative dyspepsia for nine months, without any material improvement, when glycerine was ordered in teaspoonful doses, four times a day, with excellent results, and a final cure. Many grown people are greatly benefitted by uniting cod oil and glycerine in equal proportions, and I have always found that children do better always, while taking cod oil, to have some proportion of glycerine added to it.

Furthermore, I cannot close, without observing that old and irritable ulcers, are most excellently treated with glycerine holding acetate of morphia

in solution. That burnt surfaces are relieved of pain in proportion as the glycerine penetrates to the sound tissue beneath. When stumps suppurate, and the pus burrows into the sound tissue, pure glycerine arrests the process, and brings on a healthier condition of the parts. In a case of psoas abscess, glycerine diluted with its bulk of water was injected into it twice a day, and was gradually made stronger, till a cure was effected.

Glycerine is well worthy of our attention. I prefer Brown's glycerine.

BIOGRAPHICAL SKETCHES OF
Distinguished Living New York Physicians.
BY SAMUEL W. FRANCIS, A. M., M. D.,
(Fellow of the New York Academy of Medicine.)

XII.

John Charles Beales, M. D.

"Taught by the art divine, the sage physician
Eludes the urn; and chains, or exiles death."—Prior.

Dr. BEALES, the son of JOHN BEALES, of Great Britain, who married SARAH WALLER, was born in the County of Norfolk, England, in the year 1804. Though the family consisted of sons and daughters, he alone survives; his brothers and sisters having died some time since.

He first attended a preliminary course of studies at the Collegiate School of St. Albins; and made marked progress in the Classics under the instructive guidance of private tutors selected with a view to excellence. His mind was much benefitted by a systematic application of time while in Hertfordshire, England. When he became better able to cope with science and its subordinate branches, he was legally apprenticed to JOHN KENDRICK, an English Surgeon of decided ability, who prepared him to enter with zeal and profit upon the duties of a student of disease, as an interne at St. George's Hospital, London. His faculties had never been disturbed by the pursuit of any other business whatever, as his tastes had not run in the direction of mercantile life.

Soon after this practical sojourn in the midst of sickness, he became while in London, by special favor, the private "dresser" of Sir BENJAMIN BRODIE, a man whose name and deeds will ever be remembered with honor and looked up to as portraying characteristics of a lofty intelligence combined with noble traits. About this time he entered the office of Mr. CARPUE and became, in the course of a few weeks, his Demonstrator in anatomy; also availing himself of the lectures and explanatory remarks of F. R. SIX, professor of Anatomy and Physiology in London.

For six years he attended the lectures delivered by Sir E. HOMES, Drs. CHAMBERS and BLUNDELL, and Sir ASTLEY COOPER; also being an earnest listener to the careful expositions of Surgeons KEATS and ROSE, of the Guards, etc., etc. After availing himself of privileges that were very great in his day, he was formally graduated doctor of medicine from the Royal college of surgeons in London, in 1838. At that time no thesis was required so the doctor did not write one.

Dr. BEALES visited Mexico not long after completing his medical studies, and resided in the city of Mexico for a period of ten years; during which time he practiced extensively. His experience of the peculiar diseases of that country, and the various remedies employed by the inhabitants, would form a pleasant and instructive basis for a book on what might be termed Local Therapeutics.

In August 1830, while residing in Mexico, Dr. BEALES married DONA DOLORES DE SOTO—a descendant in direct line from the "Soto" who discovered the Mississippi—by whom he had four children; one son and three daughters. It will be remembered that the successful, and subsequently unfortunate FERNANDO DE SOTO was born at Xeres de las Caballeros in Extremadura, in 1500, educated at Saragossa, and came of a noble family. He was in company with Pizarro when the wealthy Inca of Peru was ransomed, and soon after returned to Spain with \$500,000, and received favors from the emperor CHARLES V., but lost much of his money during his infatuated pursuit after mines while endeavoring to conquer, Florida. Disappointed from time to time, he at length took the fever on the banks of the Mississippi river and died June 5th, 1542. He "had crossed a large part of the continent in search of gold, and found nothing so remarkable as his burial place."* His wife, whom he had left in Havana till the return of the party, survived the news of his death but three days.

Dr. BEALES at length concluded to become a resident of the United States, and accordingly came to New York city, where he has ever since remained as one of its successful and industrious citizens; pursuing his professional duties with unabated zeal and happy results. Many positions of responsibility and high trust have been held by him; and not a few wise suggestions as to practical treatment and ethical duties have emanated from his mind. A man of leisure is a wordy man—but few doctors of the present day, in the exercise of a full practice, have time for verbosity; and when they speak, enter at once on a given

* Bancroft's History.

subject, and discuss sententiously the questions at issue.

On asking Dr. BEALES his views concerning the rapidly growing habit of using tobacco in some form or other, he replied "I never have smoked. In great moderation I see no objection—but am violently opposed to what may be considered even less than excess. I doubt whether more than two or three cigars daily should be allowed."* His health has been good; having been very seldom impaired by the invidious attacks of disease. Occasionally over work has for a season subdued his vigor; but judicious repose and careful diet at once adjusted the recuperative powers. His religious faith is that entertained by the followers of the Protestant Episcopal Church of England.

Dr. BEALES has contributed but little to the medical literature of the day, only occasionally furnishing an article for a monthly journal, or publishing some interesting paper on a special branch in medicine; but his views are clear, and might, if printed extensively, be made useful.

For many years, Dr. BEALES was an active examiner for the Albion Life Insurance Company, a position whose responsible duties, in a fiscal point of view, depend materially upon a profound acquaintance with auscultation, percussion, and familiarity with the uses of the test-tube and microscope.

On asking Dr. BEALES, one day, whether he would become a follower of the same branch of science, if he were to live over his eventful life, he replied: "With the greatest love for my profession, I consider it an arduous one, excessively trying to a man who strives to do his duty, and who in his heart cares for the result of his treatment."

The Doctor is confined in his practice to no specialty; but has endeavored to pursue all the ramifications of the healing art, with due respect to the "union" of the brotherhood. His height, "in his stocking feet," is 5 feet 11 inches, and weight from 168 to 170 pounds. Though subjected to many morbid surroundings, and frequently in the midst of a grievous epidemic, his

* M. SICHEL, a man of many years experience, maintains that any one, with but few exceptions, who smokes over 5 drachms of tobacco per diem will ere long suffer materially as to impaired vision or loss of memory. This, though sage advice, would prove too small an allowance to such men as John Gale, of Claremarket, England, whose epitaph might truly have been "*exit in fumo.*" See "Portraits, Memoirs, Characters and Remarkable Persons, from the Revolution in 1680 to the end of the reign of George 2d," by John Caulfield, in 4 vols., London, 1819.—H. R. Young, etc., 56 Paternoster Row. A work that contains many curious accounts of the freaks of nature and eccentricities of mind, both interesting and rare.

health has been remarkably good, and his labors continuous.

Dr. BEALES seems fully to appreciate the thought, that time is the essence of experience, and that the young may strive to please, but the old should endeavor to instruct. Accordingly, he is ever ready to furnish facilities to the growing physician, and meets the worthy aspirant more than half-way.

There is no career, in a business point of view, that so fully depends on material contingencies as that of a doctor. In his case, we often find, that it is not the kind of card that wins; it is which is trumps. For special favors, a successful partnership, or some "happy ease" will roll in money and establish a name. There are, however, some who, bent on respectability, and desirous of advancing in an unobtrusive manner, continue the same honest course of life from year to year. They are always found in the same place; gradually rise in the estimation of their associates, and become the respectable men of the profession. Theirs is not spasmodic fame; but is found to be a species of chronic integrity, which is lasting, and may be relied on; for virtue is the foundation, and ethics the test.

Of this latter class, Dr. BEALES is an admirer. His course has been gradual; but unaffected by any retrograde. He was the recipient of the honor M. R. C. S., London, and was formally and officially elected licentiate of the Proto Medicato of Mexico, after passing the ordeal of an instituted examination. He became, some time ago, a Fellow of the New York Academy of Medicine, and at present holds an honorable position in the St. George's Society in this city. While a resident in the capital of Mexico, in due time he found himself chief of the Faculty of the State of Mexico, and about the same period, was duly appointed, by the same authority, Professor of Surgery and the Diseases of Women and Children, in the Hospital of San Andrea in that city. He likewise received the degree of Doctor of Medicine from the College of Physicians at Madrid, Spain; and from time to time, has enjoyed the respect of his patients, and the confidence of the community at large.

—SUBSTITUTE FOR LINT. The surgeons of Vienna have lately employed, with much success, the unsized paper called *papier Joseph* for dressing wounds, as an excellent substitute for lint. It does not change in contact with water; it is a bad conductor of heat, and preserves, in consequence, the wounds from atmospheric influence. From its absorbent nature it sucks up the matter, maintains the wounds in a state of dryness favorable to healing, and it may be used in certain circumstances more advantageously even than lint.

CASE OF PUERPERAL FEVER WITH MANIA.

BY JAMES B. BURNET, M. D.,

House Physician, Bellevue Hospital, New York.

Annie Christian, aged 25 years; a native of Sweden, and single, was confined at 11.35, P. M., on June 1st, 1866, the labor lasting 5 hours and 45 minutes. This was her first child, a male, healthy, and a seven months' child. The position was the right occipito posterior. On June 2d, she complained of aching all over her body, her pulse being from 90 to 95 in the minute. At 4, A. M., on June 3d, she had a chill, and at 6, A. M., her pulse was 120, and there was some tenderness on pressure, limited to the uterus. At noon of this day, her pulse was 96, respiration 24, and continued thus until 6, P. M. Then the pulse ran up to 130, and the limits and degree of the tenderness were much increased. All this occurred in Dr. LUDLOW's ward, under whose skilful care the woman was delivered, and who at 10, P. M., transferred her to ward 20, of the 4th Medical Division. From that time the following was her condition:

June 3d, 10, P. M. Pulse 124; respiration 51, milk absent. Lochia scanty though not offensive. Administered 20 drops of MAGENDIE's solution of morphia, and 10 grains of the bi-sulphite of soda.

11, P. M. She doses, lying upon her side. Feels much pain yet—gave quiniae sulph. gr. ij.

12, midnight. Magendie, gtt. xxx.

June 4th, 1, A. M. Mag. gtt., xv; quiniae sulph., gr. ij.

2, A. M. Pulse 123; respiration 28; she sleeps; decubitus dorsal, with knees drawn upward. Good deal of pain yet. Mag. gtt., xv; sodæ bisulph. gr. x.

3, A. M. Quiniae sulph., gr. ij.

4, A. M. Pulse 120; respiration 28; moans occasionally in her sleep, lies on her right side with knees drawn upward, mucll pain. Mag. gtt. x.

6, A. M. Pulse 120; respiration 25, decubitus dorsal. Knees drawn up; lochia present. Mag. gtt. v; sodæ bisulph. gr. x.

7, A. M. Quiniae sulph. gr. ij.

8, A. M. Pulse 118; respiration 19, sleeps gently.

9, A. M. Quiniae sulph. gr. ij.

10, A. M. Pulse 110; respiration 24. Found her drinking some milk, lying on her side, complains of some pain yet. Mag. gtt., v; sodæ bisulph. gr. x.

11, A. M. Lies on her side; but little pain,

hot fomentations ordered to abdomen; quiniae sulph., gr. ij.

12, M. Pulse 112; respiration 36. Mag. gtt. x.

1, P. M. Quiniae sulph. gr. ij.

2, P. M. Pulse 118; respiration 41, irregular and catching; decubitus dorsal, good deal of pain. Mag. gtt. xv; sodæ bisulph. gr. x.

3, P. M. Quiniae sulph. gr. ij.

4, P. M. Pulse 128; respiration 50. Mag. gtt. xx.

6, P. M. Pulse 112; respiration 36; feels a little better; Mag. gtt. xv; sodæ bisulph. gr. x.

9, P. M. Pulse 120; respiration 20; Quiniae sulph. gr. ij.

10, P. M. Pulse 120; respiration 24; does not feel much pain. Mag. gtt. xv; sodæ bisulph. gr. x.

12, midnight. Pulse 112; respiration 32. Feels comfortable. Mag. gtt. x.

June 5th, 1, A. M. Quiniae sulph. gr. ij.

2, A. M. Pulse 120; respiration 32. Mag. gtt. v.

4, A. M. Pulse 118; respiration 20. Feels very little pain; Mag. gtt. x; sodæ bisulph. gr. x.

6, A. M. Pulse 120; respiration 20; much better Quiniae sulph. gr. ij.

8, A. M. Pulse 130; respiration 22. She has been talking, and is somewhat excited; very little pain. Mag. gtt. x.

10, A. M. Pulse 134; respiration 28. Mag. gtt. x; sodæ bisulph. gr. x.

12, M. Pulse 140; respiration 26. Excited on account of the presence of a friend. Mag. gtt. x; quiniae sulph. gr. ij.

2, P. M. Pulse 132; respiration 30. Feels a little better. Mag. gtt. xv; sodæ bisulph. gr. x.

4, P. M. Pulse 138; respiration 28. Some little pain on pressure over abdomen. Mag. gtt. xv; quiniae sulph. gr. ij.

6, P. M. Pulse 138; respiration 28. Mag. gtt. xv; sodæ bisulph. gr. x.

8, P. M. Pulse 133; respiration 23. Has been greatly excited talking about some unknown personage. Mag. gtt. xv; quiniae sulph. gr. ij.

10, P. M. Pulse 128; respiration 19. Sleeps quite gently.

12, midnight. Pulse 124; respiration 18. Has slept softly since 9, P. M. Ordered, if she awakes, sodæ bisulph. gr. x.

June 6th, 2, A. M. Pulse 120; respiration 19. Has just awakened, no pain at all; sodæ bisulph. gr. x.

4, A. M. Pulse 120; respiration 17. No pain whatever; quiniae sulph. gr. ij.

6, A. M. Pulse 120; respiration 25. Complains of pain in head and abdomen. Mag. gtt. xx; soda bisulph. gr. x.

8, A. M. Pulse 110; respiration 20; cramps in both sides low down. Mag. gtt. xx; quiniae sulph. gr. ij.

10, A. M. Pulse 110; respiration 25; no lochia since yesterday morning; more tenderness on pressure. Mag. gtt. xxv; soda bisulph. gr. x.

12, M. Pulse 117; respiration 23. Mag. gtt. xxv; quiniae sulph. gr. ij.

2, P. M. Pulse 130; respiration 17. Mag. gtt. xxv; soda bisulph. gr. x.

4, P. M. Pulse 136; respiration 14; sleeps and occasionally moans. Bowels have been well moved by an injection; quiniae sulph. gr. ij.

6, P. M. Pulse 140; respiration 22. Mag. gtt. x; soda bisulph. gr. x.

8, P. M. Pulse 140; respiration irregular. She seems to be out of her mind. Does not complain of any pain; some twitching of the muscles. Verat. viride, gtt. iij.

9, P. M. Pulse 140; verat. viride, gtt. ij.

10, P. M. Pulse 156. Has a very decided chill; is very delirious. Verat. viride, gtt. iv; soda bisulph. gr. x.

11, P. M. Pulse 156; somewhat restless. Verat. viride, gtt. v., Mag. gtt. xv.

12, midnight. Pulse 140. Verat. viride, gtt. v; Mag. gtt. xv.

June 7th, 2, A. M. Pulse 120; respiration 44. Tremors all over her body. Does not sleep any. Verat. viride, gtt. v.; mag. gtt. xv.

3.45, A. M. Pulse 126; respiration 41. Pulse small and irregular. She is bathed in a profuse perspiration. Has not slept all night. Verat. viride, gtt. v.; mag., gtt. xxx.

5.45, A. M. Pulse 136; respiration 31. Verat. viride, gtt. v.; mag., gtt. xxx.

8, A. M. Pulse 124; respiration 17. Absolutely refuses to take any more medicine or nourishment.

9, A. M. Pulse 122.

10, A. M. Pulse 120.

11, A. M. Pulse 132. She is tossing on her bed, and furiously delirious. Medicine is forced down. Verat. viride, gtt. v.; mag., gtt. xxx.

12.30, P. M. Pulse 120. Mag., gtt. xxx.

2.30, P. M. Pulse, 126. As she is so very furious, chloroform is administered at the advice of Prof. A. L. LOOMIS, the Visiting Physician, and she is kept under its influence.

3, P. M. A blister is applied to the back of her neck.

4, P. M. She is kept quietly under the influence of chloroform.

4.30, P. M. Verat. viride, gtt. v.

6, P. M. As she will not allow herself to be fed by the mouth, (she before having taken milk, eggs, whiskey, and beef-tea,) it was proposed to give nourishment by the rectum, and accordingly an injection of strong beef-tea, with $\frac{3}{4}$ j. of whiskey, was employed every hour.

8, P. M. No particular change in her condition.

9.30, P. M. Pulse 130. Has just awakened, after a sleep of over two hours. Is very quiet. Respiration sighing, and pupils very much contracted.

12, midnight. Pulse 148.

June 8th, 3.30, A. M. Pulse 150; respiration 30. Has awakened again, and been somewhat wild. A little chloroform given.

4, A. M. Quiet. Hands, arms, and feet cold. Other parts hot and perspiring.

5, A. M. Awake, but very quiet. Seems to be sinking.

5.30, A. M. Pulse scarcely perceptible. Quiet, but occasionally moans. Hands and arms cold and blue. Evidently dying.

6, A. M. Has just expired, without a struggle. The body decomposed with such rapidity, that it was impossible to make a post-mortem examination, much to our regret.

Medical Societies.

BALTIMORE MEDICAL ASSOCIATION.

October 8th, 1866.

Reported by J. W. P. Bates, M. D.

Subject for Discussion—Diphtheria.

(Continued from page 10.)

DR. COSKERY. We give up a case of tonsilitis when there is simple exudation. We call it diphtheria, say we cannot cure it and abandon it when by the proper use of remedies we cannot fail to cure. In cities diphtheria is always sporadic, never epidemic. In Pennsylvania, where I saw much of the disease, it skipped over the towns and dipped down into the apparently healthy valleys. It disregarded the laws which commonly govern epidemic diseases. In these valleys there were no malarial emanations but they were apparently healthy. It is necessary to know that cities, villages and crowded places are exempt. I have been called frequently to see cases of so called diphtheria, in this city, but so far I have only seen three. I remember a case I saw in Pennsylvania in connection with Dr. SIESS. A boy was ploughing and became so debilitated that he could not continue his work. He dragged himself to the house, and when he arrived he was completely covered with perspiration; pulse weak and feeble; answered with difficulty when asked if his throat was sore, (the debility was not from

sore throat)—throat looked like vermillion varnished. It was touched with a solution of argenti nit., (3*j.*, aq. f.3*j.*), and in an hour he looked better. Gave brandy, carbonate of ammonia and beef-tea, and injected an infusion of gentian root and beef-tea, and in forty-eight hours he was well. Two sisters were sick with the disease at the same time. In one a spot half the size of a split pea appeared, followed by many similar spots—we let the case go on to see the effect—it dipped down into the larynx, there was croupal respiration and death. The other sister got well after the application of the caustic. The membrane looked better where the caustic had been applied than where it had not.

It also became epidemic near St. Mary's College. Debility was the terrible symptom. The district was about nine miles long by three wide, and typhoid fever had been prevailing every fall, and I had to ask myself whether it could have given its low form to diphtheria. I was anxious to see if this debility was always present. In Emmitsburg the debility was pathognomonic of the disease. Letters which I have received from New York, Indiana, etc., all speak of depression as the prominent symptom. We do not understand the disease here:—some call tonsillitis, scarlatina, putrid sore throat, or even aphthæ, by the name of diphtheria.

Dr. WILLIAMS. Does the Doctor say the disease is never seen in cities?

Dr. COSKERY. Only sporadic, never epidemic in cities. They are not the nests of the disease.

Dr. WILLIAMS. All the best works on the subject were written by city physicians, and it seems evident that it must have prevailed as an epidemic.

Dr. COSKERY. The fact that a committee was appointed to go down into Essex and investigate the disease, seems to prove that it was not prevalent in London at the time. The physicians I mentioned as having received letters from, went into the country to investigate it. SYME traced the disease back to the days of HOMER—he says it occurs once in three hundred years. Does not occur in London; not a single case reported in Edinburg or any of those cities of the old world. There is no more terribly contagious disease than this, and if it were once to become epidemic in a city, it would sweep all before it. City doctors have too much time and country doctors do not write.

Dr. WILLIAMS. I would like to have your definition of diphtheria as differing from tonsilitis and scarlatina.

Dr. COSKERY. When GAY LUSSAC compared air obtained from an elevation of 13000 feet with some from the Pontine Marshes, he was unable to find any difference between them, even when submitted to all the chemical tests by LAVOISIER, so I am unable to tell the precise nature of this disease. I cannot give its pathology. I distinguish it as I have seen it manifest itself. If weak, depressed pulse, with the vermillion color of the throat I should suspect diphtheria. The poison acts on the brain and nervous system, and the local disease is only an adjunct. We use nitrate of silver and stimulants for the same reason

that whisky is applicable in rattlesnake bite. We have to treat the symptoms, and you can cure every case if properly treated.

Dr. ARNOLD. I am somewhat mystified by the gentleman's reasoning. We are told that this is a very fatal disease; yet by a certain mode of treatment 97 out of 100 will recover. It can hardly be such a fatal disease; so it is necessary to get the differential diagnosis between it and kindred diseases. It appears in different forms in different places,—in some a very malignant form in which the ratio of cures is very low; in others benign and the ratio high. Authors must attach some peculiar meaning to the name diphtheria. The points of difference between it and croup are as follows:

GROUP.	DIPHTHERIA.
Not confined to any locality; generally sporadic.	Epidemic.
Not contagious or infectious. Ushered in with high constitutional symptoms.	Highly so. No constitutional symptoms; during first stage may go about for weeks.
Exudation on the surface of the membrane; cannot be detached.	Exudation sometimes on the surface of the membrane, but in a large number of cases it is an interstitial deposit.
Confined to the trachea, larynx and air tubes; ascends.	Descends. COMMENCES IN THE THROAT. BRETONNEAU calls it CROUP-DESCENDENS.
Exudation expelled by coughing or emetics; never ulcerates.	Ulcerates and often becomes gangrenous.
Death mechanical from closure of the glottis.	Death may result from mechanical causes but generally from anemia.
Open inflammation; called benign.	Malignant.

Albuminuria is never absent in diphtheria and is sometimes well marked. The most prominent symptom is the prostration; resembles the absorption of pus. Continental writers call some other diseases diphtheria, but English and Americans can never do. The ulcer of small-pox, scarlatina, putrid sore throat, erythematous inflammation of the fauces and pharynx are sometimes confounded with diphtheria. The treatment of genuine diphtheria is tonic, and stimulant and topical applications. The results are various. This is the rational treatment and the only one that promises any good results. In inflammatory croup antiphlogistics are proper. One danger of this disease is the extent of the exudation; invades the air tubes and sometimes the lungs, which no topical application can reach. In regard to its not prevailing in cities, SANDERSON describes an epidemic in Leith; ROKITANSKY in Vienna, etc. It generally, however, invades low, marshy places.

Dr. FRIEDENWALD. There ought to be distinctions drawn between this and kindred diseases, but may we not go too far. In a case of confluent small-pox we all know it is the same disease as when few pustules appear. So in diphtheria there must be some primitive form, and may not that be simple aphthæ? and if the physician were to call it diphtheria would he not be correct? One child may have diphtheria well marked, and another have an incipient form, yet it is one and the same disease. The error is that we do not call it diphtheria unless the mucous membrane is white, brittle, mortifies and separates. In one of my families a child had the disease and died. A little boy complained—tonsils covered with a

white membrane—treated with tonics and sulphur, copper and got well. I think this was a case of diphtheria. In another family some slight redness and tumefaction of the throat, which might have resulted in diphtheria. I have seen cases which were not ushered in with the pathognomonic prostration,—they complained of the throat for a few days and gradually sank.

Dr. WILLIAMS. It is important to describe diseases correctly. We all know epidemics may vary; may be very mild or very severe. We see this exemplified in scarlatina—sometimes it is so severe that nearly every one will die, at others so mild as to need but little treatment. This characteristic runs through all diseases and is met with in diphtheria. I have seen the aphthous form appear in a family, and in the subsequent cases there may be a most copious exudation of membrane. Dr. COSKERY would only apply the name to severe cases, which would be an error. What is diphtheria? It is produced by some poison acting on the whole economy, and not on the nervous system only but also on the blood. I have never seen a case in which debility did not precede the exudation. They feel weak, pain in the head and back, which is very persistent and which you can do nothing to relieve. The exudation appears in several forms: 1st, like that of croup; 2d, like broken-down clabber; 3d, may be called the aphthous form; 4th, looks like chalk stuck in the tonsils or palate. This last form is very persistent; I have seen it persist in returning, in spite of all that I could do, for twelve months. The pain in the throat lasts for months after recovery, whenever the patient is exposed to damp weather. There is no exudation in the most violent forms of this disease. The treatment must be directed against the prostration. If we treat the local symptoms alone, it is exceedingly fatal. The same cause which produces the membrane in the pharynx will produce it in the larynx if we do not treat the constitutional symptoms. Use diffusible stimulants to sustain the nervous system until the poison can be thrown off. I have used exclusively potass. chlor., tr. cinchon e., tr. guiacum held in solution by honey. How the guiacum acts I do not know, but I have found that the cases got well sooner when it was used.

Dr. COSKERY. Dr. ARNOLD said he had seen cases running about for a week, in the incipient stage of this disease—such has not been my experience. Dr. WILLIAMS says the tonic treatment is the corr et one, and I endorse the assertion, but no case dies if you use the proper means before there is one croupal inspiration, which indicates the dipping down of the membrane into the air passages. It is the most manageable of all diseases if treated properly—none die, but highly fatal if neglected. The treatment should be nitrate of silver locally and chlorate of potass., brandy, beef-tea, ammonia, etc., internally: should be thrown into the rectum if they cannot be swallowed.

Dr. ARNOLD. SANDERS refers to that Essex report, and out of eight cases four died, which does not seem to prove the assertion that it is so manageable. The blood is interfered with; it loses its plasticity; ulceration and mortification

take place very easily. The best treatment cannot overcome the want of blood-making power. Remedies will not do all we desire them to do. This is one of the most fatal diseases.

NORTHERN MEDICAL ASSOCIATION OF PHILADELPHIA.

Subject for Discussion, "A Plea for the Lancet."

(Continued from page 493, Vol. xv.)

After the reading of Dr. WILSON's paper, Dr. BURNS remarked: "It is with much pleasure that I rise to concur in the able and well written remarks of the gentleman who has favored us with the paper on the use of the lancet, as a curative method of treatment in many morbid actions. I am one of those who have not feared its use during an experience of nearly thirty years, when that use has been accompanied with proper scientific judgment; that it is unquestionably a direct and potent agent, capable of the greatest good, but like all other means, if not properly directed fraught with evil, therefore requiring a careful discernment of physiological and pathological laws. Such, however, of latter years has been the popular prejudice against it, for the most part promoted by a particular and expectant method of practice, that a proposition for its use is frequently met with opposition in many instances, productive of tedious recoveries, or the establishment of chronic diseases, which in the process of time lead to disastrous results. In many instances I have seen hydrothorax, abdominal and cerebral effusions with convulsions, resulting from congestion of the various organs, which might have been averted by one timely venesection; and inflammatory diseases ending in alterations of structure, becoming either incurable or requiring long and well directed treatment to subdue the effects of lost opportunity. As there is a 'time for all things,' so in regard to bleeding there is a time at the onset of disease, to conquer its force and avert consequences, and if this opportunity is not taken, that favorable period does not return, and the same means then would produce danger.

It has been my experience to have seen the greatest good from venesection in convulsions, both puerperal and from other causes, in croup, in active haemorrhages, especially in haemoptysis, epistaxis, and uterine haemorrhage consequent on the cessation of the catamenia—where nature becomes her own bleeder, but art can save both her and the physician much trouble—in constipation, in puerperal fever, in inflammation of the lungs and serous membranes, in cerebro spinal congestive fever, called spotted fever; and last, but not least, I have seen its happy effects in cholera, in which, in 1849, I bled 61 cases out of 96, with the very best of results; the treatment being used this year in one case, with similar good effects. It is not necessary to occupy your time relating the various diseases in which I have found bleeding to be beneficial; in short, where I have regretted its use once, I have ten times felt sorry for its omission. I believe secretion and absorption are promoted by it, and a preparation is made for the better administration and efficacy of subsequent medicinal agents.

What can be more gratifying than to see patients recognizing their surrounding and anxious friends, saying they feel better; the eye manifesting returning recognition, while, a few minutes before, lost in the stupor of impending destruction from cerebral congestion or terrific convolution; or again, a person, agonized with pain, brought to feel at ease and comfort; all this by the abstraction of a few ounces of blood. These things have been observed by every enlightened physician; it is, therefore, unnecessary to add more.

In conclusion, I would say that Dr. WILSON deserves commendation for having brought this subject to the notice of this Association.

On motion of Dr. J. R. BRYAN, it was

Resolved, That the paper of Dr. WILSON, together with the remarks of Dr. BURNS, be published in the REPORTER.

Adjourned.

EDITORIAL DEPARTMENT.

Periscope.

Poisoning by Strychnia.

Dr. S. T. CLARK reports in the *Buffalo Med. and Surg. Journal*, a case of poisoning by strychnia. The patient, a man of 30 years, having been seized with symptoms of delirium tremens, suicidally swallowed about twenty grains or more of strychnia. When Dr. C. saw him soon after, he was suffering from frightful spasms. He was placed under the influence of chloroform, after the administration of an emetic of zinc sulph., remaining under the effects of the anaesthetic, with but few intermissions, for eighteen hours, when, after a profuse sweat, and with the occurrence of prostration, the suspension of the chloroform was not followed by a recurrence of the spasms. The amount of chloroform used was one and a half pounds. The patient made a constant and rapid recovery.

The editor of the *Journal* adds, that recoveries are mentioned by STILLÉ, Dr. H. G. THOMAS, and Dr. S. S. HARRIS, after doses, respectively, of three or four, five, and six to eight grains.

The Chief Cause of Death after Hernia Operations.

Dr. JONATHAN HUTCHINSON concludes a clinical lecture on this subject (*London Hosp. Reports*), as follows:

1. That peritonitis very rarely occurs before either the operation is performed or taxis effected.
2. That it is the common cause of death after operations, and is even now and then met with after successful taxis.
3. That two forms occur after operations, one when the sac has been opened, due to the incision, handling, etc., (direct traumatic); the other, whether the sac has been opened or not, due to the return of damaged intestine into the peritoneal cavity.
4. That a knuckle of intestine, which has been damaged by strangulation, but is yet much short

of actual gangrene, may originate the second form of peritonitis.

5. That the knowledge of the true cause of the commonest form of post hernial peritonitis, explains why death often occurs, even when the sac may not have been opened. That it also points to several important practical conclusions:

a. The extreme value of time in a case of strangulated hernia.

b. The necessity for opening the sac and examining the gut in cases of long strangulation.

c. The propriety of retaining the damaged gut in the sac if found in a bad condition.

d. The propriety of adopting by anticipation the treatment for peritonitis, if inflamed bowel have been returned.

Ingrowing Toe-Nail.

At a meeting of the Norfolk (Mass.) District Medical Society, the President, Dr. COTTING, as per report in the *Boston Medical Journal*, alluded to his method of operation for the relief of ingrowing toe-nail. He had never found it necessary to remove the nail, and in one of the cases recently operated on, the nail had been removed some years before without any good effect. His method is to remove a portion of the sound, as well as diseased flesh from the side of the toe; say three-quarters of an inch long, half an inch wide, and as thick as the member will admit of. Two cases, so operated on since the last meeting, succeeded perfectly. Dr. STEDMAN stated that he had recently performed the operation with complete success.

Notes and Comments.

Dr. Lewis A. Sayre.

It gives us real pleasure to learn that Dr. SAYRE, of New York, is expected to return from San Francisco in a few days, his trip having restored to him his usual vigor, and perfect health; and that he returns able and desirous to perform the double duty which awaits him at Bellevue College.

Return of Dr. Marion Sims.

Dr. J. MARION SIMS has recently returned to his home in New York, after a residence in Paris and London, of several years, during which he has had a remarkably successful professional career. His extraordinary aptitude in uterine surgery has been the admiration of European surgeons, and though he carried some of his peculiar ideas a little too far, his talents have been acknowledged by all, and he returns with substantial proofs of their appreciation.

At its meeting on the 2d of January, the New York Academy of Medicine passed the following resolution of welcome to Dr. SIMS.

Resolved, That the Academy of Medicine hereby tenders a cordial welcome to its associate

member, Dr. J. MARION SIMS, on his return home, after having, by his genius, skill, and industry in his specialty, raised the character of American medical science and art to an elevation before unattained in foreign lands.

"Patent Deodor Vessel."

We have received, from the Trenton Pottery Company, a specimen of a new chamber-vessel, with a hollow lid, intended to hold a liquid disinfectant, which is exposed when the vessel is used, for the purpose of neutralizing the foul emanations. The idea is an excellent one, and will be found to be very useful in practice. A recipe for an excellent disinfectant accompanies the vessel. We understand that the Company will immediately put these vessels on the market.

Small Pox.

The following, which we cut from a Providence, R. I. paper, shows how effectually small pox may be controlled by proper care and attention. It is true that Boston is somewhat more exposed to invasions of the disease from abroad than Providence, yet we do not doubt that the result is greatly dependent on good municipal laws and efficient health officers.

SMALL POX.—The number of deaths in Boston by small pox during each of the last ten years has been as follows: In 1857, 2; in 1858, 2; in 1859, 154; in 1860, 170; in 1861, 7; in 1862, 11; in 1863, 7; in 1864, 112; in 1865, 117; in 1866, 42. Total in ten years, 624.—*Boston Journal*.

The number of deaths from small pox in Providence, during each of the last ten years has been as follows: In 1857, 0; in 1858, 0; in 1859, 5; in 1860, 5; in 1861, 0; in 1862, 4; in 1863, 0; in 1864, 7; in 1865, 11; in 1866, 0. Total in ten years, 32.

The population of Boston, in 1865, was 192,324; that of Providence, was 54,595. The population of Boston is *three and a half times* as many as that of Providence; the deaths, in ten years, from small pox, were *nineteen and a half times* as many in Boston as in Providence.

The deaths from small pox in Boston in ten years, were one in 308 of the population in 1865; the deaths from the same cause in Providence, were one in 1,706 of the population in 1865.

— THE Governor of this State has appointed a commission, consisting of S. PRESTON JONES, M. D., EDWARD A. SMITH, M. D., and JOSHUA H. WORTHINGTON, M.D., to inquire into the lunacy of Newton Champion, convicted of murder, in this city, on the 3d of November last.

— NAPOLEON having been informed that every profession but that of medicine was represented in the French senate, determined that this anomaly should no longer exist, and accordingly promoted his physician, Dr. CONNEAU, to a seat in the Luxembourg.

Correspondence.

DOMESTIC.

Some Remarks on Professor A. P. Dutcher's "Lecture on the Temperaments."

EDITOR MEDICAL AND SURGICAL REPORTER:

This lecture, appearing in the REPORTER for December 1st, is to me surprising, as attempting to revive the Hippocratic theory of temperaments, which has, I believe, long been considered by scientific men, to have very little foundation in reason or fact, and as containing a good deal of assumption not substantiated by fact. It is surprising, coming from a scientific medical man, and appearing in our leading medical journal.

I would call attention briefly to some of Dr. DUTCHER's propositions.

Having given us the classification made by HIPPOCRATES, he adopts it, with the change of taking the *nervous* division; which was added by Dr. GREGORY, to the original forms, in place of the the *melancholic* of the former writer. He expressly tells us that when he uses the word temperament, he "desires to be understood as speaking of the constitutional differences between individuals, which are dependent upon the relative predominance in each of their organic systems."

His description of the *lymphatic* temperament, is mainly "a dead white complexion, light hair and eyes, person rather short and fat, temperament dull, inactive, and feeble, mentally and physically." The "poor whites" of the South in complexion and temperament, would perhaps answer this description, as well as any we could find, but in regard to person it will not hold, as they are rather tall, and among the leanest of mortal kind. The great point in this class is, that the sluggishness and feebleness, mental and physical, depends on a surplus of the soft parts, and is found in persons of fair complexion. The terms phlegmatic and lymphatic are frequently applied to the Germans, and as a nation, they probably answer the physical description of this class more nearly than any other. But who will say they are lacking in strength and vigor, that they "seldom accomplish much in this driving world of ours," or that "intellectual labor wearies them?"

The doctor tells us that young persons predisposed to this temperament, who gratify their appetites, and are indolent, "may expect to become sensual, degraded, incapable of much exertion, and subject to disease." Are we to infer, that those of other temperaments, who allow them-

selves to become gourmands and debauchees will not escape a like reward?

These people he tells us, are peculiarly obnoxious to disease, and when they get sick are pretty sure to die! This must be discouraging to those who are so unfortunate as to be fat and fair!

He describes the *sanguine* temperament, as consisting in a fair and ruddy complexion, with light eyes, and light or reddish hair, and a corresponding temper, which is sprightly, cheerful, and hopeful, "with something of levity and thoughtlessness, rather than strength and steadiness." The English people, corporeally, probably answer this description better than any other, and I believe are usually considered as a good example of the so-called sanguine temperament; but who ever accuses John Bull of being sprightly and thoughtless, and lacking strength and steadiness? The Scotch, also, (and by this I mean that such characteristics predominate in these nations) are sanguine in person, but in temper are as nearly the opposite of the description as could well be found. The French, among whom I presume, are a larger proportion of persons with dark complexion, would better answer the description. The doctor tells us that this temperament predisposes to inflammations. Do we not as often find dark persons who are plethoric and full of blood? and if this predisposes to inflammations, would they not be as subject to them? And he again gravely tells us that if this kind of people indulge too freely in good victuals and strong drink, they may expect to suffer for it! Putting this and that together, the doctor would make out that the fair races do not *get on* in the world. Let us see! compare the Anglo-Saxon and German with the Spaniard, Italian, and Austrian, or the European with the colored races.

The *nervous* class, the doctor tells us, is not so easy to describe, but he gives us a complexion light and pearly, but not white, dark hair and eyes, a person small, spare, and delicate. These people are very nervous, BYRON was one. The Americans are a great people, and it is because we are so very nervous! Just here he tells us that the fair race are "slow and sure;" before, they "lacked strength and steadiness." He thinks we are a little too nervous—we go too fast, and must hold on or we will break something! He also tells us that the late war was owing mainly to the highly nervous temperament of the Southern people. If so, this nervous temperament abounds in tall men with fair faces, and red beards, for there was certainly a predominance of such in the Southern army. Fi-

nally, these people are very nervous, and may have hysterics!

Lastly, we have the *bilious* temperament, which is entirely different. They are very dark, and stout, but do not get fat. It also appears that dark people grow taller than light ones do. This is very plain, but the temper is complex. They are abrupt, impetuous, violent, energetic, inflexible, persevering, courageous, and audacious. The North American Indian, in person, answers the description pretty well, but in temper would hardly be considered to do so. He may be persevering and courageous, but is proverbially calm and stoical. The Spaniard and Italian also answer the personal description very nearly, and they are, perhaps, impetuous, violent, and courageous, but certainly not energetic, inflexible or persevering. It would be difficult to find a noted individual who has this complex temper. I think of one who seems to fill the bill,—A. JOHNSON. These people, the doctor assures us, are very liable to become bilious, and this almost always brings on dyspepsia, which is pretty sure to be followed by hypochondriasis. We are to infer that people who have fair faces, blue eyes, and light hair, seldom have troubles of this kind.

To close, the doctor tells us that temperaments are frequently mixed, that the lymphatico-sanguineous,—that is, everybody who is fair, and has light hair and eyes,—are "throughout their life loaded with blood and lymph," "have a body soft and awkward," and their "viscera always engorged;" that this is the temperament of women and children; that we may have the nervo-sanguineous, or nervo-bilious; and that when there is a combination of temperaments, and they get sick, it is a serious business indeed.

It will be seen that the doctor's theory has no place for those who are so unfortunate as to be dark, and at the same time fleshy, delicate, short, sprightly, cheerful, amiable, or dull and stupid; or for those pale blondes who are spare, strong, lively, energetic, active, or excitable.

As the brain is the organ of the mind, I apprehend that a man's mental or moral qualities do not depend on the fact of his being white, brown, or black, tall or short, fat or lean. These are matters of race, climate, and circumstance. There are probably as many persons with dark complexion and dark eyes and hair, who have the other physical and the mental characteristics assigned to the lymphatic or the sanguine temperaments, as those with light complexion, light hair and eyes, and *vice versa*.

It is true, that in common parlance these terms have a certain significance, and that they are

commonly used, but the ideas connected with them are not well defined.

WEBSTER's definition of lymphatic is,—madly enthusiastic. They are also sometimes used in medical works, but usually in a restricted sense; not with the meaning given by those who believe in the theory of temperaments. On the contrary, I believe that the majority of medical men of this century—and since the time of CULLEN in fact—have considered the HIPPOCRATIC doctrine of temperaments as a superstition of the humoral pathology, having very little foundation in fact, and unworthy a place in medical literature, except as a matter of history. It has, therefore, been left to phrenologists and other charlatans to develop this obsolete theory of an age gone by.

Wm. B. POWELL, of Cincinnati,—the man who bequeathed his head for scientific purposes—was perhaps the greatest apostle of this doctrine in modern times. He is said to have spent forty years of his life in investigating the subject, and he elaborated a most wonderful and abstruse science (?) out of it. He had two primary or original temperaments—the blonde and brunette; though he had the good sense to affirm that the characteristics peculiar to each of these temperaments do not necessarily accompany the corresponding complexion. He divides and combines these so as to make fourteen classes. His 11, 12, 13, which are compound, are made to represent very remarkable characters, but it is the 14th which is the *sanguine-encephalic-bilious-lymphatic*, which combines the good qualities of all, and is a most wonderful being indeed. His exponents of it are CROMWELL, NAPOLEON, and S. A. DOUGLASS!

But FOWLER and WELLS have probably been more successful than any other men in this country in promulgating this theory. They have, no doubt, had many believers, but I apprehend these are less numerous than formerly.

That there are vast differences in the physical and mental characteristics of individuals and races, and that an attention to these peculiarities is of importance in the treatment of diseases no one will deny, but that their differences are comprehensively embraced in the theory of temperaments, there is good reason to doubt.

I will close with some quotations from DUNGLISON.—(*Cyc. Pract. Med.*, vol. iv., p. 351.)

"The slightest attention to the reputed characteristics of the temperaments will show the imperfection of their definition and demarcation—so imperfect, indeed, that it is extremely rare for us to meet with an individual whom we could unhesitatingly refer to any one of them." "It is doubtful, also, whether any of the mental characteristics assigned to the temperaments be de-

pended upon them." "That a difference of organization exists in different individuals is obvious,—but that there is an arrangement of the nutritive organs or apparatus, which impresses upon individuals all those mental and other modifications known under the name of temperaments, is sufficiently doubtful."

LYMAN ALLEN,
Late Surg. 5th U. S. C. T.
Jefferson, O., Dec. 12th.

The Travelling Quack Nuisance.

EDITOR MEDICAL AND SURGICAL REPORTER:

It has been the source of a great deal of mental annoyance to me to see our country overrun with travelling "quacks," and the idea has suggested itself to my mind, as to whether it is not possible and practicable to have our land rid of this nuisance. To the regular practice they do no pecuniary injury, and only exercise an influence in degrading a profession second in importance to none other. To the people, they do a vast deal of harm, by professing to cure all manner of diseases to which "human flesh is heir," and thus enticing those unfortunate persons who are afflicted with really incurable diseases to gulp down their miserable nostrums. We cannot appeal to the people, because persons suffering from such maladies, as generally appear on the hand-bills of these swindlers, (supported by a long list of references,) are willing to catch at any straw, even though convinced of its utter worthlessness.

The only method I can conceive, is by some legal proceeding—the passage of some law-making it obligatory on the practitioner to be possessed of certain qualifications. I do not recommend any plan, but merely wish to draw the attention of my professional brethren to this growing evil, and ask whether some means can not be devised to overcome this wrong. I do not ask it so much for a protection to the profession, as to the people—a physician fully qualified to prosecute the duties of his profession as he should, can maintain himself against all opposition.

Wm. H. B., M. D.
Blomsburg, Pa., Jan. 3d, 1867.

Hermaphrodite?

EDITOR MEDICAL AND SURGICAL REPORTER:

Mrs. —, mother of five children, was confined some six months since, after a short and light labor, with a child weighing eight pounds, strong and vigorous and perfectly healthy, except peculiar genital organs. Externally appeared a well-marked scrotum with no testicles, but adherent laterally over its surface by the surrounding skin. At birth, water was voided

at the upper part, by what might be called the rudiment of a penis, but not larger than a small pea; and from a small slit in the lower part of the scrotum, urine also passed for 24 hours, when it closed naturally. On pressing the fingers on this apparent scrotum, a vulva could be detected and the finger pressed up easily for an inch with the feeling of labia at the sides. Now at five months, the parts are unchanged, except the general characteristics of a female child in countenance, etc., and the pea-like appearance of a penis, where the urine passes, but there is nothing to the finger like the body of any organ behind. The child always seems in pain, with thin passages at stool; but no obstruction (though probably existing) can be detected in the rectum.

H. L. W. BURRITT, M. D.

Bridgeport, Conn., Jan. 5, 1867.

News and Miscellany.

Cholera and other Diseases.

Dr. D. A. MORSE, of Alliance, Ohio, is preparing for the press an epitome of medicine, and has issued a circular to the profession making inquiries concerning the cholera of 1866 and other diseases. We call the attention of our readers to the following questions, and hope they will aid Dr. MORSE by communicating such information as they may have on the subjects.

1. Has cholera ever appeared in your city *previous to the arrival of infected?*

2. Can you assert that any person, so situated that exposure to contagion was IMPOSSIBLE, has ever been attacked?

3. Is the virus portable? If so, is there any disease the virus of which is portable, that will infect remote places, and yet not be a contagious disease?

4. If not contagious why does it not spring up in this country *previous* to its appearance at quarantin stations? Why does it not arise independent of the Old World?

5. How do you explain the *hundreds* of well attested instances in which the disease has followed the appearance of infected, spread not only through that place, but to small towns situated on high, dry and healthy locations?

6. Has there been any increase of bowel complaints over those years in which cholera did not exist, *previous to the appearance of the first cases*, and a greater increase than usually occurs in July and August independent of cholera?

7. What post mortem appearances have you observed?

8. What is the pathology of the disease?

9. What is the therapeutical value of opium in the treatment? Of calomel? Of chloroform? Cantharides? Camphor? Cold water and ice? Other plans?

10. Have you made any meteorological observations that can account for the appearance of the disease?

11. Can you furnish me with the means and extremes of temperature; amount of rain falling each year, and prevailing winds, at your place, for each year since 1848?

12. What is the differential diagnosis between typhus and typhoid fever? Treatment of each?

13. What is the relation of erysipelas to puerperal fever?

14. At what stage of the disease does small-pox become contagious? Treatment?

15. What per cent. of the inhabitants of your city, do you think, are vaccinated?

16. Have you observed the appearance and decline of the false membrane in the pharynx, before appearing in the trachea, in croup, as asserted by M. TROUSSEAU?

17. Do croup and diphtheria differ only in the location of the false membrane?

18. Have you made any observations concerning the temperature of the body in disease?

19. What is the action of alcohol? Is it chemical food?

20. What is its therapeutical value?

21. What is the therapeutical value of bromide of potassium in wakefulness?

22. What is your treatment of pneumonia and pleurisy?

23. What is the action of santonine?

24. What is the pathology of cerebro-spinal meningitis? Treatment?

25. What is the pathology of diabetes mellitus?

26. Have you made any observations with the microscope to determine the pathology of fatal jaundice?

An answer is solicited before Feb. 1st, 1867.

Due credit will be made in the work, for all material received.

Detection of Blood Stains.

In connection with a trial for murder, which took place some months ago in Detroit, Dr. DUFFIELD was called on to examine some dry blood stains on clothing. He softened the stained spots in glycerine, and pressed out the liquid and subjected it to the microscope. The corpuscles were shrivelled, but preserved their roundness, showing them to be from a mammalian animal. The only observable difference in the blood of man and quadrupeds is in the size of the corpuscles, those of man being largest, and easily recognized when recent, even when mingled with the blood of the ox. But when time has elapsed and the blood is completely dried on the texture of the cloth, the corpuscles become shrunken, and the results of examination are very uncertain. Dr. DUFFIELD closes his report with these words: "On the conclusion of this investigation, I am compelled, though having experimented more or less for six years on the blood of animals, fowls and fishes, to depose that when dried for any length of time and then moistened, great difficulty will be experienced in attempting to fix its origin by the size of its corpuscles." In connection with this subject the Philadelphia *Journal of Pharmacy* mentions the case of BARRAUT, the French chemist, who could detect the presence of dried blood by the peculiar odor evoked by moistening it with sulphuric acid. So acute was his sense of smell in this respect, that his testi-

